

SWAFFHAM RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

Together with the

REPORT

of the

PUBLIC HEALTH INSPECTOR

1961

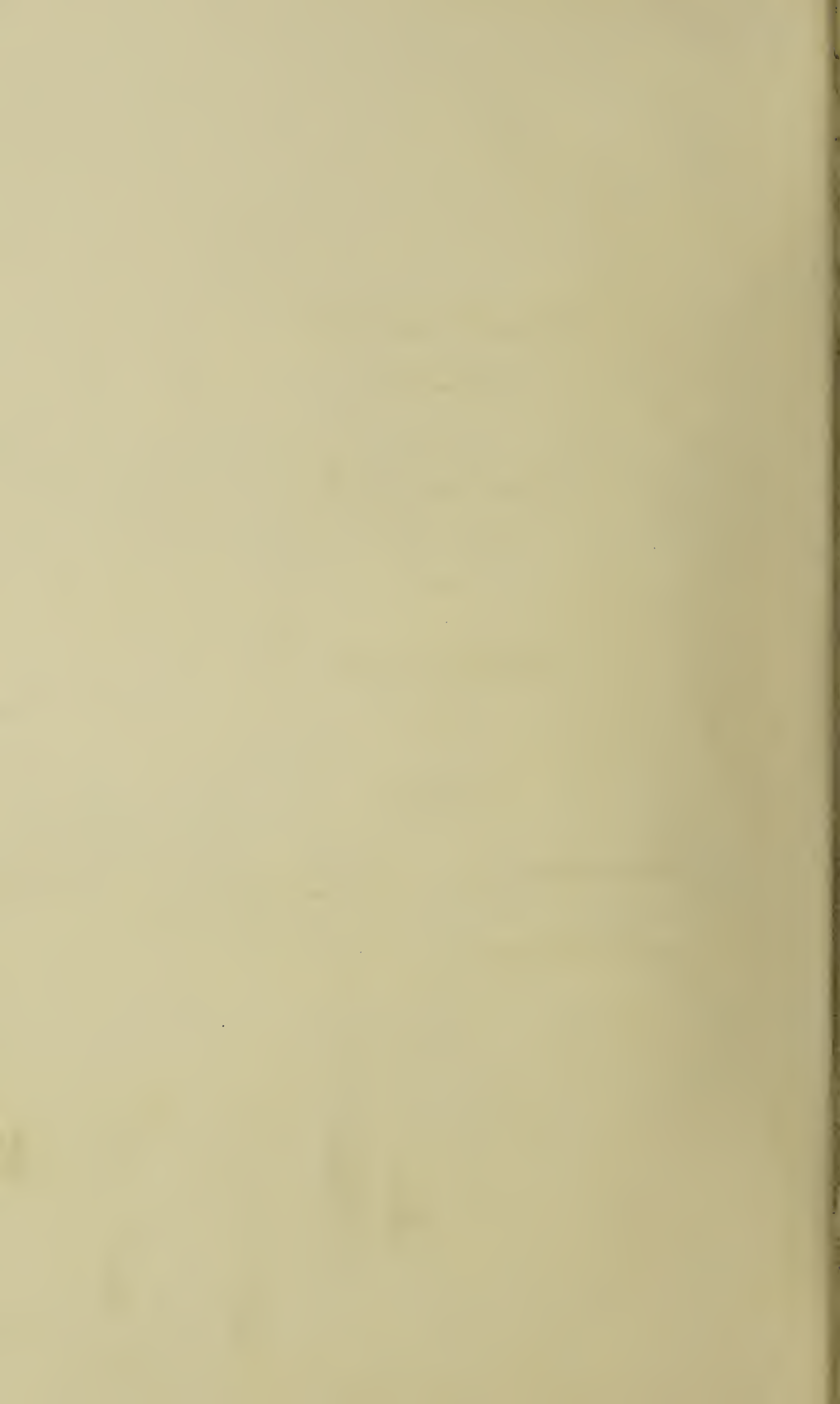
S T A F F

Medical Officer of Health

A.S. Dunn,
L.R.C.P., L.R.C.S.,
L.R.F.P.S. D.C.H., D.P.H.

Public Health Inspector

D.B. Foxwell, C.S.I.B.
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SWAFFHAM RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR 1961

Mr. Chairman,
Ladies and Gentlemen,

I have the honour to present my report for the year 1961 as follows :-

<u>Vital Statistics :</u>	Estimated mid-year population :	9,020
Births:	197	Deaths: 95 (1 maternal death)
Live Births:	191	Legitimate live Births: 183
		Legitimate Still Births: 6
Still Births	6	Illegitimate Live Births: 8

There were 3 infant deaths, 2 legitimate children and 1 illegitimate
Illegitimate births formed 4.2% of all births (E & W 5.9%)

Death Rate (Crude)	10.5%	Birth Rate (Crude)	21.2
Death Rate (adjusted):	10.5%	Birth Rate (adjusted):	22.7

(Adjusted rates are to be used in comparing districts with each other:

they may also be compared with the national rate.)

Comparative Table

	Rate*	<u>Swaffham R.D.</u>	<u>Norfolk.</u>	<u>England</u>
Birth		22.7	17.9	17.4
Death		10.5	10.8	12.0
Maternal mortality		5.1	0.8	0.3
Stillbirth		30.5	15.6	18.7
Neonatal mortality.		15.7	13.5	15.5
Prenatal mortality.		45.7	27.2	32.2
Legitimate Infant mortality		10.9	19.4	not available
Illegitimate Infant mortality		125.0	17.1	not available
Infant Mortality Rate		15.7	19.3	21.4
Early Neonatal Mortality Rate		15.7	11.8	32.2

*For definitions see Appendix B

Comment

The basic statistical indices of the health of a community are: birth rate, death rate, and infant mortality rate. The district shows up well on all three counts. In interpreting rates, due regard must be paid to the number of events from which the calculations are made. For example the local illegitimate infant mortality rate works out at 125, but has little meaning as it rests on one death; one less would have yielded a nil rate.

The illegitimacy percentage of 4.2% compares favourably with the national 5.9. This last however is distressingly high:- of every seventeen children born in England one is illegitimate.

INFANT DEATHS:

The three infants died within the first week of life. One survived only a few minutes; another a few hours after a complicated delivery. The third child had a heart defect which was responsible for death on the second day after birth. Study of the records of these pregnancies and confinements suggests that all three were inevitable deaths.

MATERNAL DEATHS:

Toxaemia of pregnancy is a condition in which the kidneys are damaged. The young mother who died had unfortunately the rare abnormality of having but one kidney; when she developed toxaemia this extra burden was too much and she succumbed.

STILLBIRTHS:

The causes of these were: Rhesus incompatibility (2); Prematurity (1), Toxaemia (1); Unknown (2). The records of the antenatal care and the notes made on the course of labour show that all reasonable steps had been taken to safeguard mother and child, and these deaths must then be accepted as unavoidable.

DEATHS

Causes of Death as Registered in 1961

	<u>Male</u>	<u>Female</u>
1. Tuberculosis, respiratory	0	0
2. Tuberculosis, other	0	0
3. Syphilis	0	0
4. Diphtheria	0	0
5. Whooping Cough	0	0
6. Meningococcal infections	0	0
7. Acute Poliomyelitis	0	0
8. Measles	0	0
9. Other infective and parasitic diseases	0	1

10. Malignant neoplasm, stomach	3	1
11. Malignant neoplasm, lung and bronchus	2	0
12. Malignant neoplasm, breast	0	1
13. Malignant neoplasm, uterus	0	1
14. Other Malignant Diseases	6	2
15. Leukaemia, aleukaemia	1	0

16. Diabetes mellitus	0	1

17. Vascular lesions of nervous system	4	3
18. Coronary disease, angina	15	6
19. Hypertension with heart disease	1	0
20. Other heart disease	7	5
21. Other circulatory disease	4	4

22. Influenza	1	0
23. Pneumonia	0	2
24. Bronchitis	4	1
25. Other diseases of respiratory system	0	0

	<u>Male</u>	<u>Female</u>
26. Ulcer of stomach and duodenum	0	0
27. Gastritis, enteritis and diarrhoea	0	1
28. Nephritis and nephrosis	0	0
29. Hyperplasia of prostate	0	0
30. Pregnancy	0	1
31. Congenital malformations	1	0
32. Other diseases	5	3
33. Motor vehicle accidents	1	2
34. All other accidents	1	2
35. Suicide	2	0
36. Homicide	0	0

MALE DEATHS: 58 FEMALE DEATHS: 37

Age at Death

	-1	1+	5+	10+	20+	30+	40+	50+	60+	70+	80+	90+	All
Male	1	0	0	0	0	2	2	3	20	13	15	0	56
Female	2	0	0	1	1	0	1	3	6	13	9	2	38
TOTAL	3	0	0	1	1	2	3	6	26	26	24	2	94

NOTE: The Causes of Death table is issued without an age breakdown of the figures from the Registrar General's Office. The age at death table is constructed from the local records of death adjusted for transfers to and from this district. Discrepancies between the two totals do arise and unfortunately the Registrar General's office will not investigate unless there be a wide disagreement in the figures. It would appear that a stray joined our columns and one of the figures was allotted to the wrong sex.

COMMENT:

The usual pattern of death in Western society is demonstrable here; death is rare in youth and uncommon in middle age. Most can expect about seventy years, the womenfolk tending to have a rather longer life than the men. Major causes of death are those associated with the ageing process, the heart and blood vessels giving out after decades of constant use. Such are inevitable but in recent years younger people have been dying of heart disease at an increasing rate. This experience is shared by all Western European and the North American countries. Men are by far more often the victims than are women. The mechanics of their demise is that the coronary arteries which supply the heart muscle itself with nourishment become blocked. Why this happens is still obscure. Studies of the incidence of the disease show it to hit most often men in sedentary occupations, where there may not be any physical work involved but much nervous strain. A smoker is at greater risk than the non-smoker. Some evidence suggests the latter run only half as much chance of developing the disease.

Next to vascular disease in importance is the cancer group. Stated simply, cancer is the state resultant from cells in any organ deviating from blueprint when producing their own replacements. More-primitive cells with no useful function are formed; these multiply faster than normal cells and invade surrounding healthy tissue. Swept away in the blood stream, a few such cells can form secondary growths in other organs. Cure of cancer depends on

early diagnosis and also on the degree of invasiveness shown by the aberrant cells. Prevention in the absence of knowledge of the ultimate fault, i.e. the reason for normal cell reproduction deviating from plan, rests on observing what conditions seem to increase the likelihood of a cancer developing and trying to remove them. Let me take lung cancer, now the commonest cancer, as an example.

Doctors noticed that lung cancer patients were often heavy smokers. The increase in deaths from lung cancer over the past forty years has been dramatic; cigarette consumption has also gone up considerably:-

<u>Lung Cancer Deaths</u>				<u>Cigarettes (as millions/lbs/tobacco</u>
592	-	1920	-	80.3
1,654	-	1930	-	107.0
5,303	-	1940	-	161.1
13,598	-	1950	-	181.7
25,288	-	1961	-	243.1

Lung cancer is rare in the non-smoker, and steadily increases in incidence among smokers - the more cigarettes smoked, the greater is the toll. Long term studies show conclusively that future risk can be sharply reduced if the smoker gives up the habit, no matter how long or how much he has indulged. Pipe smoking of equivalent tobacco quantities is much less dangerous. There is therefore a reasonable body of evidence that there is a causal relationship between smoking and lung cancer. Whether to act on the evidence is a matter for the individual.

The low death rate from infectious disease taken for granted in Britain today is in terms of history a recent development. In early Victorian England, four deaths in ten were of children less than five years old. In industrial areas, infant mortality rates of 150 per 1,000 were not unusual. Most working men could expect to lose at least one child. The overwhelming majority of such deaths were due to infectious diseases, aided by poverty and malnutrition. In underdeveloped countries today they still account for half the death roll.

TUBERCULOSIS

No deaths locally from this cause in 1961. Eradication of tuberculosis from Great Britain is now possible within twenty years. Pulmonary tuberculosis would then go the way of bone tuberculosis, now a rarity, yet twenty years ago it filled long stay hospitals. Pasteurisation, and tuberculin testing of milk herds take the credit for a great saving of lives and prevention of crippling deformities.

Measures of control now practised are :-

- (i) registration of cases
- (ii) examination of their close contacts
- (iii) specialist treatment at chest clinics
- (iv) examination of youngsters leaving the school community for the adult world.
- (v) search for early cases among the apparently healthy general population (Mass X-Ray Survey)

to this should be added (vi) X-Ray examination of immigrants

Recent surveys suggest that Indian/Pakistani immigrants may have an incidence of pulmonary tuberculosis of 25 per 1,000. On this basis, we imported about 1,000 active cases in 1961 from the Indian sub-continent. West Indian immigrants have a rate similar to our own and therefore give no cause for concern. Pressure from the British Medical Association has not moved the Government to act. We now have the odd situation where the Ministry of Health seems to find it worth while X-raying our general population to discover less than one case in a thousand volunteers, yet resists a vastly more productive survey of immigrants.

B.C.G. Vaccination is offered to school leavers. Like other immunisation procedures, it falls within that part of personal health services afforded by the County Council's Health Committee. Thetford Borough, Swaffham U.D. and R.D. and Wayland R.D. together cover an area which is an administrative unit for these services, Health Area 6. During the year, 201 children attending schools in these districts were vaccinated against tuberculosis.

TUBERCULOSIS REGISTER : SWAFFHAM R.D.

Year	Respiratory T.B.			Non-Respiratory T.B.			Grand Total
	Male	Female	Total	Male	Female	Total	
1961	11	16	27	2	3	5	32
1960	11	14	25	2	3	5	30
1959	12	11	23	2	1	3	26
1958	14	9	23	3	2	5	28
1957	16	10	26	3	2	5	31

SMALLPOX

This disease was introduced in December, the source being the Karachi outbreak which started the month before. No cases or contacts reached this district. Where cases did occur, the next casualty was common sense and there were bigger queues for vaccination than for bingo. Mass vaccination is not necessary for the control of smallpox outbreaks such as we experience in Britain. The technique in our situation is to "ring" each case, i.e. trace and vaccinate all contacts of the patient, and then immediate contacts of these people. There is no need to go in ever widening circles from these to the general population. There are secondary objections to mass vaccination; massive sickness, absence from work; severe vaccination reactions may be confused with modified smallpox, the reverse being a situation fraught with danger. There is too the remote possibility of death from vaccination's complications. It is much more rational to employ trained staff on intensive contact tracing than on mass vaccination.

The outbreak brought after it open criticism of the official vaccination policy, which is to encourage the protection of all infants. The heretic view, which is mine, is that this policy is illogical. Even 100% infant vaccination, without revaccination throughout life at five year intervals, would not raise materially the immunity of the population as a whole. There would be, on the basis of past experience, some eight deaths per million vaccinated in the first year of life. The risks of vaccination are very much less after one year old; if parents wish the protection for their child, it should be done after that age. The belief that vaccination in infancy gives some measure of protection for life is not well-founded; revaccination at least every five years is necessary to keep the individual's immunity at a reliable level.

My own view is that general infant vaccination confers no real protection on the community and as pre-school children are the least likely section of the population to contact imported cases it is questionable whether the procedure is justified. Obviously those at greater risk, e.g. immigration officials, sailors, doctors, nurses, ambulance attendants, should be vaccinated at five-year intervals.

In Health Area 6, 408 primary vaccinations and 88 revaccinations were performed by general medical practitioners this year.

POLIOMYELITIS

There were no cases notified locally in 1961. It was a quiet year generally, 1,081 cases in England and Wales. The outbreak in Hull lasted about six weeks and accounted for 134 notifications. Poliomyelitis is

usually most prevalent in late summer but the Yorkshire epidemic started in October.

Many millions of doses of both injections (Salk) and oral (Sabin) vaccine have now been used. It seems that this is one of the safest vaccination procedures and certainly most effective. The oral vaccine has the edge in that by the introduced virus settling in the bowel wall, it blocks the entry of the 'wild' disease virus; thus it gives some immediate protection in an epidemic situation. This has to be boosted by two further doses for lasting immunity (around five years). A mass trial of American oral vaccine in Czechoslovakia, 1958-1960, in which over three million children took part seems to have been very successful; no poliomyelitis cases in the Republic in 1961. In 1962, the oral vaccine will be generally available in Britain.

Poliomyelitis Vaccination - Health Area 6 - Position at 31st December, 1961

No. of persons completed three dose course -	10,837
Year of Birth 1956 - 1961 -	1,844
Year of Birth 1943 - 1955 -	6,051
Year of Birth 1933 - 1942 -	1,823
Year of Birth 1921 - 1933 -	1,059
40+ but priority occupation -	60

NOTE:
Under 40's are entitled to poliomyelitis protection. Those over 40 at special occupational risk, for example ambulance drivers and nurses also qualify.

Children between 5 and 12 years of age are given an extra fourth dose. 2,731 such were given in 1961.

MEASLES

Notifications were the highest ever recorded nationally; 762,391 cases; our contribution; 255. A vaccine is being developed against measles. It is as yet only capable of giving short-lived immunity and has unpleasant side effects. But in a few years these snags should be overcome. The disease causes an immense amount of misery and discomfort, but the antibiotics have reduced its killing power and the complications of bronchopneumonia and middle ear disease are less dangerous now.

DIPHTHERIA

This disease is now rare. We had no notification this year. The national total was 180 cases. Before immunisation campaigns began in the 1940's, this country averaged 55,000 cases and 3,000 deaths from diphtheria annually. This staggering reduction is due to immunisation of the child population. There are a few people who harbour the germ though apparently healthy, but always a danger to others. In consequence, it is essential to keep the immunity of our children high. There are signs that here unfamiliarity is breeding contempt for the proportion of children protected is not high enough. Among schoolchildren in Norfolk, 36% in 1959, 43% in 1960 and 53% in 1961 were reckoned fully protected. We hope this improvement can be maintained.

Diphtheria Immunisation - Health Area 6

<u>Year of Birth</u>	<u>Primary course completed in 1961</u>	<u>Reinforcing Doses 1961</u>
1961	138	-
1960	345	-
1959	98	11
1958	61	9
1957	35	13
1952 - 1956	266	670
1947 - 1951	211	639
	<u>1,154</u>	<u>1,342</u>

WHOOPING COUGH

This disease was not very prevalent in 1961. There were 24,691 cases notified in England and Wales and only 26 in this district. The disease is particularly severe in infants hence immunisation at 2 to 3 months old is advisable, with another shot at about 15 months to boost immunity.

Whooping Cough Immunisation - Health Area 6

<u>Year of Birth</u>	<u>Primary cases completed in 1961</u>
1961	256
1960	216
1959	46
1958	36
1957	30
1952 - 1956	22
1947 - 1951	14
	<u>620</u>

TETANUS

The tetanus bacillus produces a poison, the tiniest quantity being capable of setting the body muscles into such severe and continuing spasm that death from exhaustion is often the result. The germ is widely found in soil and manure. Hence the need for all engaged in farmwork being immunised; it is equally necessary for children to be afforded this protection.

Tetanus Immunisation - Health Area 6

<u>Age</u>	<u>Primary courses completed in 1961</u>	<u>Reinforcing Doses in 1961</u>
Under 16 years	2,353	477
Over 16 years	477	48
	<u>2,830</u>	<u>525</u>

INFECTIOUS DISEASE NOTIFICATIONS

No one would pretend that these are equally complete for all diseases. For such diseases as whooping cough and measles, the returns are at least a sample of what is the real experience at any particular season. For such diseases as poliomyelitis where preventive measures can be brought into play few, if any, cases go unreported.

Infectious Disease Notification, 1961

Scarlet Fever	25	Enteric fevers	0
Whooping cough	26	Erysipelas	1
Poliomyelitis	0	Food Poisoning	0
Measles	255	Tuberculosis	3
Diphtheria	0	Puerperal Pyrexia	0
Meningococcal infections	0	Ophthalmia Neonatorum	0
Acute pneumonia	7	Infective Hepatitis	1
Smallpox	0	Dysentery	0
Encephalitis	0	Anthrax	0

HOUSING AND WELFARE RESPONSIBILITIES

Our Local Government structure is such that County Council and District Council are each required to carry out particular duties and the respective areas of responsibility are defined in the statutes. Thus Welfare provisions are made by County Council. Housing, however, is the concern of the District Council. Liason between the authorities is essential as there are problems of a welfare nature which arise out of housing difficulties. An example of

this is the excessive demand for welfare accommodation which exists in London in consequence of a desperate housing shortage. Here I am concerned with a much smaller problem but one almost equally difficult to resolve - the bad tenant who courts eviction and Welfare attention becomes necessary.

EVICTIION

A Housing authority has to manage the ratepayers' property in a businesslike fashion. Rents have to be collected when due; if arrears accumulate and are not recovered, the loss has to be made good by the ratepayers. If a tenant persistently fails to meet his rent obligation the District Council's duty is quite simply to replace him by someone who will pay his way. Eviction is the ultimate deterrent to the rent-shy, and at times the weapon has to be used. When it is the housing authority may receive unfavourable publicity. This they do not merit for eviction is only reluctantly ordered after an exercise of restraint in the face of provocation no private landlord would tolerate. Before the crisis comes, the Welfare authority is warned of the need for their services. Quite exceptional measures are taken through various social workers to avoid a break-up of the family concerned. The issue is complicated by such tenants often showing other undesirable traits. Such are the "problem families".

PROBLEM FAMILIES

Problem families are rather difficult to define. One definition is "families requiring a disproportionate amount of care, supervision and assistance from welfare services". Perhaps a description would give the reader a better idea of the nature of the problem which these people can present. The circumstances here described do not of course, apply to any particular real family, but the elements are taken from life.

The knowing social worker calls at the house in the afternoon as mornings find the family abed. The overgrown garden with its collection of tins and broken bottles is in keeping with the chaos to be found indoors. Loud knocking is necessary for the television set is on maximum output. The chatelaine appears, so dishevelled that one suspects that she sleeps fully clad. Curlers are standard equipment and usually do not indicate that some gala occasion is in the offing. The visitor is admitted, with no apparent embarrassment to the householder that such a scene of disorder and neglect should be presented to a stranger. Wallpaper and paint are peeled off, plaster is broken, woodwork chipped and the windows cracked. The curtains, although up for years, are still held by drawing pins. The general impression is that this is not a home but merely a shelter taken over by rather scruffy campers. It is as well not to sit down, for over the years the chairs have acquired a patina of mingled grease and dirt. Throughout the house there is an interesting odour compounded of these two elements with decomposing sweat and urine. The table bears the remnants of many scratch meals. The kitchen sports only a few pots and pans which are dirty or rusty, or both. In the larder are bread and jam and precious little else. Upstairs, the beds are left unmade all day, and often the children's mattresses not dried out after being soaked. Throughout the inspection mother and youngest child are locked in an embrace. Alas, the foul napkins and lack of food in the house suggest that this mother-love is a poor thing which does not show itself in any practical expression requiring effort. The husband, if such there be, is usually equally feckless and inadequate for all purposes other than procreation. He is, above all, carefull not to make a habit of working for a living.

What is done by Welfare to reclaim such families? Home helps assist in cleaning up the mess. Some are also able to teach simple cookery and attempt to create in the house a more orderly way of living. If there is some response to this training, it can be followed by the mother and children spending a few weeks at a residential centre where housecraft is taught. I have known this effect great improvement, but only when the husband was made of better stuff than his wife and could help to ensure that standards were kept up on her return home.

Arrangements can be made for rent to come direct from the National Assistance Board or through the Welfare Officer. Some of the remaining relief may be paid in kind to curb foolish spending. The man of the house can

sometimes be shamed into regular work. Bedding and children's clothes come from such agencies as the children's department and W.V.S. All too often these efforts produce only temporary improvement, and even this slight. Eviction follows and the family is unable to find a suitably weak-minded landlord, have to be sheltered in welfare homes.

The reader may wonder at the expenditure of such time and trouble if the prospects of remedying the fault are so poor. Quite simply the reason is - for the children's sake. Even in the worst home a child derives security from his emotional attachment to his mother. This is still true no matter how slatternly and inept she may be. To deprive a child of maternal affection is therefore a grave matter. This is why social workers are prepared to spend endless hours cajoling apparently worthless parents to make some sort of a home for the children. The community loses nothing by the delay which these efforts at rehabilitation cause. The ratepayer/taxpayer is here in a position where he can't win. He has to maintain people like these in one way or another. This being so, it might be reasonable to expect the County Council to underwrite rent loss and excessive repair bills where, but for these, the District Council might be willing to postpone eviction. After all, the housing authority thereby removes an expensive call on welfare accommodation.

HOUSING ACT, 1961

The Housing Act 1961 deals mainly with financial matters such as conditions and levels of subsidy from the Exchequer, and makes minor alterations to previous Housing Acts. Some measure of control is now given over houses let off in lodgings or shared by several families. The housing authority can now require a reasonable standard of management and of basic amenities and enforce these.

HOUSING

This subject is dealt with in the Surveyor's and Public Health Inspector's sections of this report.

Here it should be mentioned that all but 27 of the Council's houses have been modernised, i.e. have mains water supply, a hot water system, bathroom and water closet indoors. Those few now without these facilities will be improved when sewerage is available. 13 of the 27 should be modernised by the end of 1962.

WATER SUPPLY

Mains water is available in all parishes except Cranwich, Diddlington, Lynford and Stanford. The supply is from the Council's waterworks except for Narford and Southacre where there is a private source, spring water and a bore being used. Further details of water supply are given in that section of this report contributed by the Surveyor. Results of bacteriological tests on water are given in the Public Health Inspector's report.

SEWERAGE AND SEWAGE

The parishes which have main sewerage are -

Ashill	population	574
Bradenham	..	546
Cockley Cley	..	177
Gt. Cressingham	..	277
Hilborough	..	246
Holme Hale	..	344
Mundford	..	508
Necton	..	786
N. Pickenham	..	451
S. Pickenham	..	138
Sahan Toney (part)	..	600
Sporle	..	798
Weeting	..	989

Details of actual connections made in these parishes are given in the Surveyor's report.

Parish where scheme is in contract : Gooderstone (population 337)

Parishes for which schemes are
planned:

: Saham Toney extension (pop: 364)
Beachanwell (population 265)

Parishes likely to be sewered
eventually

: Foulden (population 221)
Oxborough (population 173)

Parishes of a scattered nature
unlikely to be provided with
public sewers

: Cranwich (population 44)
L.Cressingham (pop 252)
Diddlington (population 45)
Ickburgh (population 130)
Lynford (population 124)
Marford (population 78)
Newton (population 37)
Southacre (population 64)
Stanford (population 14)

APPENDIX A - Health and Welfare Services Provided by Norfolk County Council

These include the care of mothers and young children; supervision of the health of the schoolchild; immunisation against diphtheria, poliomyelitis, etc; home nursing and midwifery; home help service; advice on the care of those handicapped physically or mentally. Information of such services may be had from the Local Health Office, Tanner Street, Thetford, Telephone 3286 and 3341.

APPENDIX B - Derivation of Statistical Rates

Adjusted Birth Rate: (Live births per 1000 population) x comparability factor
for births

Adjusted Death Rate : (Deaths per 1000 population) x comparability factor
for deaths

Comparability Factors: Allow for variation between areas e.g. in the
proportion of women of reproductive age and in the
age/sex structure of population

Infant Mortality Rate: Deaths at under 1 year per 1000 live births

Legitimate I.M.R. : Deaths of legitimate infants per 1000 legitimate live
births.

Illegitimate I.M.R. : Deaths of illegitimate " " " illegitimate
live births.

Maternal Mortality Rate: Deaths attributable to pregnancy per 1000 total
births.

Stillbirth Rate : Stillbirths per 1000 total births

Prenatal Mortality Rate: (Stillbirths and Early Neonatal Deaths) per 1000
total births

Neonatal Mortality Rate: Deaths at under 4 weeks per 1000 live births

Early Neonatal Mortality Rate: Deaths at under 1 week per 1000 live births

APPENDIX C - Comparisons with previous years

	1961	1960	1959	1958	1957	1956
Estimated Population	9,020	9,460	9,160	9,230	9,210	9,000
Total Births	197	183	181	164	169	151
Total Deaths	95	86	94	97	90	74
Birth Rate (crude)	21.2	19.4	19.8	17.8	18.3	16.8
Death Rate (crude)	10.5	9.1	10.2	10.5	9.8	8.2
Infant Deaths	3	2	1	3	3	4
Infant Mortality Rate	15.7	10.9	5.5	18.3	17.8	26.5
Stillbirths	6	5	1	4	4	3
Stillbirth Rate	30.5	26.6	5.5	23.8	23.1	19.5

I have the honour to oe, Ladies and Gentlemen,

Your obedient Servant,

ANGUS S. DUNN

Medical Officer of Health

ANNUAL REPORT OF PUBLIC HEALTH INSPECTOR
for 1961

Mr. Chairman,
Ladies and Gentlemen,

I submit hereunder my Annual Report for the year ending 31st December, 1961.

1. RECORD OF INSPECTIONS

Drainage & Sewerage	54
Housing	381
Refuse Collection and Disposal	120
Food Premises	109
Water Supplies	67
Infectious Diseases	25
Moveable Dwellings	19
Factories	12
Rat Infestation	79
Milk & Dairies	9
Infestations	22
Miscellaneous	54
	<u>951</u>

2. COMPLAINTS & NUISANCES

15 reported nuisances were investigated during the year mostly relating to drainage. 2 Statutory Notices were served and the remainder abated by informal action.

3. HOUSING

Progress was made during the year in improving the housing situation in the district.

22 Notices of Time and Place under the Housing Act 1957 were served on owners of property during the year which resulted in the making of 18 Demolition Orders and 4 Closing Orders.

19 houses were demolished during the year, 2 being dealt with by the Council in default of the owners.

The number of applications for improvement grants approved for the year was 15 Discretionary representing a total of £4007 grant, and 19 Standard.

This represents a slight decrease in number on the previous year but, it is anticipated that there will be an increase in approvals for the following year.

GRANTS APPROVED

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total
Discretionary	1	1	6	19	35	27	45	21	12	15	182
Standard	-	-	-	-	-	-	-	8	25	19	52
TOTAL	1	1	6	19	35	27	45	29	37	34	234

The number of improvements completed and grants paid are as follows:-

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total
Discretionary	1	1	5	12	26	28	22	50	19	10	174
Standard	-	-	-	-	-	-	-	1	18	12	31
TOTAL	1	1	5	12	26	28	22	51	37	22	205

4. WATER SUPPLIES

Samples of water from the Council's piped supplies continued to be taken at regular intervals. In all, 32 samples were taken and upon bacteriological examination

31 proved to be of a standard of purity suitable for a public supply, and 1 doubtful.

A mains supply of water is available to the whole district with the exception of isolated houses and groups of houses and in some of these cases there are private piped supplies.

6 samples were taken from private sources, 2 proving to be satisfactory, 3 unsatisfactory and 1 suspicious.

5. INFECTIOUS DISEASE

No case of Poliomyelitis was reported during the year.

Reported cases of Scarlet Fever were investigated mainly to ascertain any connection of patients or contacts with food production.

Disinfection was carried out following the removal of 2 Tuberculosis patients to hospital.

In one case a child of a family engaged in milk production and distribution was involved. All other members of this family were examined and pronounced free from infection.

1 case of Anthrax in cattle was reported and contacts interviewed, the destruction of carcase and disinfection of premises being carried out under the supervision of the Police. Human contacts were treated by the local doctor.

6. DISINFESTATION

Several complaints of insect infestation were received and treatment was carried out at 10 houses for the eradication of cluster flies in roof spaces, wasps nests in walls and ants.

7. SEWERAGE SCHEMES

A sewerage scheme serving the village of Bradenham was completed during the year and work commenced on laying sewers in the village of Gooderstone.

Thus, at the end of the year, the villages served by public sewers were Ashill, Cockley Cley, Great Cressingham, Bradenham, Hilborough, Holme Hale, Mundford, Necton, North Pickenham, South Pickenham, Saham Toney, Sporle and Weeting.

Schemes for sewerage the villages of Beachamwell, and the Station Road area of Holme Hale were in course of preparation.

Housing sites and private houses not connected to the public sewer and served by septic tanks have been attended to by the cesspool emptying service. One free service a year is given to owners of houses incapable of being connected to a sewer. Otherwise, a charge is made of 35/- for the first load and 20/- for any subsequent load on the same day.

369 visits to private properties were made during the year.

8. PUBLIC CLEANSING

Collection of refuse continued to be collected by a private contractor during the year at fortnightly intervals throughout the district.

The volume of refuse collected continued to increase and the contractor found it increasingly difficult to effect a satisfactory service, with the result that complaints were frequent and refuse tips were in a practically continuous state of untidiness.

On negotiation with the contractor, he agreed to the termination of his contract as from the 31st March 1962 and the Council placed an order for a Shelvoke and Drewry 16/18 cu.yd. refuse collection vehicle with a view to commencing a direct labour service as from that date.

Seven pits continued to be used for disposal purposes and were treated from time to time for minor rat infestation and with a tip dressing against multiplication of insects.

Anti-litter posters were displayed throughout the district and on Council vehicles.

15 litter baskets have been provided in various villages and emptied regularly.

9. FOOD

Food premises operating in the district during the year numbered 75, and consisted of :-

39	General Stores
3	Butchers Shops
1	Fried Fish Shop
1	Wet Fish Shop
3	Bakehouses
2	Cafes
27	Public Houses

109 visits were made to food premises during the year, and faults in hygienic practices pointed out.

The exposure in shops of unwrapped food in positions vulnerable to contamination still occurs, but to a lessening degree, and it is hoped that persistent criticism of shopkeepers guilty of this unsavory practice is beginning to bear fruit. This also applies to smoking.

Mobile shops and delivery vans have been checked from time to time whilst in operation.

10. MEAT INSPECTION

There are no slaughterhouses in the district, but meat was inspected at slaughterhouses in the Borough of Thetford for two weeks on the occasion of the absence of the Public Health Inspector for that authority.

11. MILK AND DAIRIES

8 Milk Distributors and Premises are registered under the Milk and Dairies (General) Regulations 1959, and regular inspections have been made.

Brucella Abortus was detected in two herds of cows from which raw milk was sold to the public. Arrangements were made for milk from these sources to be heat-treated and alternative supplies laid on for retail distribution pending isolation of the animals responsible for the infection.

12. MOVEABLE DWELLINGS

5 Licences to station caravans on individual sites were issued under the Caravan Sites and Control of Development Act 1960, for residential occupation. These varied from periods of six months to three years in accordance with Planning permission.

One licence was issued for a residential site to accommodate twenty four caravans for ten years but to date this site has not been developed.

13. RODENT CONTROL

Major infestations by rats occurred at two refuse tips and minor infestations at four others. These were dealt with and brought under control by baiting with Warfarin poison.

Supplies of Warfarin continued to be supplied to householders where rat infestation was discovered or reported. 26 cases were treated in this manner.

14. COMMON LODGING HOUSES

There are no registered Common Lodging Houses in the district.

PREScribed PARTICULARS ON THE ADMINISTRATION
OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
i. Factories in which Sections 1, 2,3,4 and 6 are to be enforced by Local Authorities	-	-	-	-
ii. Factories not included in (1) in which Section 7 is enforced by the Local Authority	13	12	-	-
iii. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total...	13	12	-	-

2 - Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of Floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work)	-	-	-	-	-
Total..	-	-	-	-	-

I am, Ladies and Gentlemen,

Your obedient Servant,

D.B. FOXWELL

Public Health Inspector

ANNUAL REPORT OF THE SURVEYOR.

Mr. Chairman,
Ladies and Gentlemen,

I beg to present my annual report for the year 1961, as follows:-

WATER SUPPLIES.

In all areas where it is practicable to make piped supply available, the Council have laid water supplies which, with the exception of the parish of Weeting, are fed from our own sources. For the purpose of water supply, the Council's district can be divided into two different types of supply zone.

EASTERN AREA OR AREA 'B'.

Parishes which comprise this area are those of Bradenham, Holme Hale, Ashill, Saham Toney, North Pickenham, South Pickenham, Necton and Sporle. In addition to these, water is sold in bulk to supply the parishes of Little Dunham and Shipdham, which are in the Mitford and Launditch Rural District. Part of the Swaffham Urban District also receives water from Bradenham and the whole of the above area is supplied by a regional scheme with the headworks at Bradenham. The source at Bradenham has two boreholes sunk into the chalk, one 18" diameter and the other 24" diameter and being 400' and 350' deep respectively. The raw water from these bores is of a high standard of purity, is reasonably hard and contains a quantity of iron which would make it unsuitable for domestic use without treatment. A "Permutit spiractor" type of lime softening plant successfully removes all carbonate hardness and iron. The treated water has a hardness figure of approximately 140 parts per million with no iron content. A recent analysis of the raw water is attached hereto.

Details of the number of connections made to this scheme are given in the following table.

CONNECTIONS AREA 'B'.

<u>Parish.</u>	<u>Domestic Private</u>	<u>Council Hses.</u>	<u>Meters Non-Domestic.</u>	<u>Total.</u>
Ashill	91	46	33	170
Bradenham	79	51	33	163
Holme Hale	41	42	17	100
Necton	135	88	28	251
North Pickenham	34	90	11	135
South Pickenham	22	12	5	39
Saham Toney	179	81	43	303
Sporle.	63	113	25	201.

The total consumption of the Bradenham source is approximately 180,000 g.p.d., during normal periods. During hot dry weather this figure is liable to rise to as much as 250,000 g.p.d.

WESTERN AREA OR AREA 'A'.

This area is made up of parishes of Beachamwell, Gooderstone, (with a single headworks at Gooderstone), Cockley Cley, Little Cressingham, Great Cressingham, Foulden, Hilborough, Mundford, Narborough, Oxborough, and Weeting, (Supply in bulk from Mildenhall R.D.C.) With the exception of Weeting, these parishes are supplied from small village schemes. The headworks in each case comprises a 6" bore with submersible pump, supplying water either to tank or in some cases pressure set. Water from these sources is hard and

only contains traces of iron. It is therefore possible to supply direct to the consumer without treatment of any kind. This also means that these small schemes can be made completely automatic and operated with little attention. The quantity of water consumed in these parishes is given in the following table:-

Beachamwell & Gooderstone } Headworks at Gooderstone }	...	15,000	g.p.d.
Cockley Cley.	...	3,000	g.p.d.
Little Cressingham.	...	12,000	g.p.d.
Great Cressingham.	...	5,000	g.p.d.
Foulden.	...	3,500	g.p.d.
Hilborough.	...	3,500	g.p.d.
Mundford.	...	40,000	g.p.d.
Narborough.	...	26,000	g.p.d.
Oxborough.	...	5,000	g.p.d.
Weeting (Supplied in bulk from Mildenhall R.D.C.)	...	20,000	g.p.d.
		<u>133,000</u>	<u>g.p.d.</u>

During the hot dry weather these figures might increase by as much as 75%, in the same way as shown earlier in the case of Area 'B'. The total normal daily consumption over the whole district was therefore approximately 312,000 g.p.d., which, during drought periods, might rise to approximately 500,000 g.p.d. Connections in the various parishes in Area 'A' are shown in the following table:-

CONNECTIONS AREA 'A'.

<u>Parish</u>	<u>Domestic Private</u>	<u>Council Hses.</u>	<u>Meters Non-Domestic.</u>	<u>Total.</u>
Beachamwell.	35	28	12	75
Cockley Cley.	19	24	3	46
Gt. Cressingham.	36	42	3	81
Lt. Cressingham.	34	16	11	61
Foulden.	26	27	10	63
Gooderstone.	43	52	14	109
Hilborough.	35	23	3	61
Mundford & Ickburgh	120	83	16	219
Narborough.	39	82	17	138
Oxborough.	31	22	9	62
Weeting.	179	99	11	289

SEWAGE DISPOSAL.

For a number of years the Council has been making every effort to provide main drainage for all main centres of population in the district. The following table shows the parishes which have so far been provided with main sewerage, the number of connections for which the scheme was designed, and the total number of connections made to the scheme up to the present time.

SCHEDULE OF SEWER CONNECTIONS.

Connections allowed for.	Parish.	Connections- Total estimated
88	Great Cressingham	56
72	Holme Hale	40
53	Hilborough	36
123	Mundford	106
187	Necton	142
177	N & Sth. Pickenham	129
145	Ashill	59
188	Sporle	167
136	Weeting	276
159	Saham Toney	129
51	Cockley Cley	34
149	Bradenham	59
70	Narborough	99

In addition to these completed works, the Council have proposals in hand for sewerage the parishes of Beachamwell and Foulden. Extension of sewers is to be carried out at Saham Hills and Holme Hale, and the whole Narborough scheme is to be rebuilt and increased in size to accommodate the increasing population there.

At Gooderstone a new village scheme is now almost complete.

HOUSING.

Thirty-six new Council dwellings were completed during the year, bringing the total number of houses owned by the Council up to 1009.

The converted hutments at Weeting, which had for a number of years served as additional housing accommodation, have all now been demolished and the tenants accommodated in new Council Houses.

As well as the Council houses completed during the year, there were 25 dwellings built by private enterprise for owner-occupation.

The following table shows the number of private enterprise dwellings completed during each year since 1953:-

Year.	1953	1954	1955	1956	1957	1958	1959	1960	1961
Houses Completed.	17	16	18	22	34	32	46	53	25

The Council's policy of doing as much as possible to encourage private building for owner-occupiers has continued, and sites have been made available for purchase in the parishes of Ashill, Foulden, Mundford, Sporle, Oxborough, and Weeting, with very satisfactory results.

Yours obediently,

E.M. JENKINS.

Surveyor & Water Engineer.

LINCOLNE SUTTON AND WOOD.

Clarence House,
6, Clarence Road,
Norwich.

Cert No. N.924.
Lab No. 3936/W.

22nd. June, 1962.

CERTIFICATE OF ANALYSIS OF WATER.

Sample received. 14th June, 1962. from Swaifham R.D.C.
Marked No. 1 Bore, West Bradenham Headworks.
Appearance when received. Slightly opalescent, yellow deposit.
Nature of Deposit. Iron compounds.
Colour. Nil. Odour. Nil.
Reaction. Neutral. p.H. 7.3. Taste. Satisfactory.

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION.

<u>Ammoniacal nitrogen.</u>	0.12	<u>Hardness as CaCO₃</u>	
<u>Albuminoid nitrogen.</u>	0.03	<u>Total</u>	375
<u>Nitrate nitrogen.</u>	1.0	<u>Carbonate (temp)</u>	335
<u>Nitrite nitrogen.</u>	Nil.	<u>Non-carbonate (perm)</u>	40
<u>Chlorine as chlorides.</u>	36.	<u>Alkalinity as CaCO₃</u>	335
<u>Oxygen absorbed</u> <u>(4hr. 27°C.)</u>	0.40.	<u>Free carbon dioxide</u>	58
		<u>Total solids</u> <u>(at 180° C.)</u>	470
		<u>Iron (Total.)</u>	1.3.
		<u>Metals in solution</u>	absent.

BACTERIOLOGICAL RESULTS.

Number of colonies developing per ml. in 48 hrs. at 37°C. 1.
Presumptive coliform organisms-probable No. per 100ml. nil.
B. Coll. Type 1 (fæ cal.) -

OPINION.

The organic quality of this water is good and its bacteriological condition is very satisfactory. The slightly high ammoniacal nitrogen is not unusual in a water which contains a heavy trace of iron. The total hardness approximates to 27° Clark of which about 24° are temporary in nature. Although the reaction is neutral the free carbon dioxide is somewhat high and some solvent action may be expected especially on new metal fittings and pipes unless treatment is given. Metallic contamination is absent apart from a heavy trace of iron. The amount present is sufficient to cause inconvenience to users if it is not removed before the water is pumped into supply. Treatment by thorough aeration followed by settlement and filtration would probably remove most of the iron and also the potentially corrosive free carbon dioxide. In our opinion this water is free from pollution, and after treatment it should be suitable for general purposes.

for Lincolne Sutton & Wood Ltd.

(signed) E.P. UNDERWOOD.

